



State of New Jersey  
**AGENCY REQUEST FOR PROPOSAL**



<b>VENDOR NAME AND ADDRESS:</b>	<b>RETURN THIS PROPOSAL TO:</b> Department of Corrections Bureau of Accounting and Revenue Whittlesey Road, PO Box 863 Trenton, NJ 08625-0863	<b>DELIVER TO:</b> New Jersey Dept. of Corrections Whittlesey Rd., P.O. Box 863 Trenton, NJ 08625-0863
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<b>NOTE:</b> This proposal must be returned no later than <b>3:00 PM</b> on the following date: <b>May 2, 2008</b>	<b>AGENCY PERSON TO CONTACT:</b> Gene Pryor (609) 984-3428
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<b>FISCAL YEAR</b>	<b>ACCOUNT NUMBER</b>	<b>AGENCY REF. NO.</b>	
2008		COHQ-001	

**IMPORTANT INSTRUCTIONS TO BIDDERS:** Read the entire bid proposal, terms and conditions, and specifications. Fill in all Information requested below. All bid prices must be typed or written in ink. Upon completion, this proposal must be signed and returned to the address shown above. Unsigned proposals will not be considered. Bidders using USPS regular or express mail services should allow additional time since USPS mail deliveries are not delivered directly to the Department of Corrections.

**NOTE: SPECIFICATIONS AND TERMS AND CONDITIONS ARE ATTACHED.**

ITEM NO	QUANTITY	UNIT	DESCRIPTION (ALL ITEMS MUST BE DELIVERED F.O.B. DESTINATION)	UNIT PRICE	AMOUNT
1.	1	Each	<p><b>USE THIS FORM FOR PRICING</b></p> <p><b>CAMDEN AND ESSEX COUNTY COMMUNITY CASE MANAGEMENT SERVICES FOR EX-OFFENDER, NON-CUSTODIAL PARENTS</b></p> <p>The NJDOC is seeking an organization to implement the post-release case management program for ex-offender, non-custodial parents participating in RPP. The community case management program shall include a needs assessment, connection to appropriate community resources, parenting skills training, coaching to encourage active participation in services and compliance with child support obligations, and family day events.</p> <p><b>SPECIFICATIONS ARE ATTACHED</b></p> <p><b>Detailed program plans and initiatives conforming to the attached specifications must be submitted with the proposal.</b></p> <p><b>All Inclusive Proposal Pricing</b></p>	_____	_____

<b>• PRICES ARE FIRM UNTIL THE FOLLOWING DATE:</b> _____	<b>• TOTAL: \$</b> _____
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CASH DISCOUNT	DATE OF DELIVERY	VENDOR'S FEDERAL I.D. NUMBER	VENDOR'S TELEPHONE NO.

<b>VENDOR'S SIGNATURE (Must Be Signed):</b> _____	<b>PRINT OR TYPE NAME BELOW:</b> _____	<b>DATE:</b> _____
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